

## Confidential Estate Planning Questionnaire

For

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Estate planning can be very important to you and your family. If the net worth and life insurance coverage of you and your spouse exceed certain amounts, significant savings may result if your estate plan is structured to take advantage of available tax reduction opportunities. Please take the time to answer the following questions fully and accurately. Please attach additional sheets as necessary.

We rely on the information you have furnished in making recommendations for your estate plan. If the information you give us is either incorrect or incomplete, our recommendations may be inappropriate, or worse, harmful. We, therefore, rely on you as we must, to take the necessary time and effort to provide us with data which we can utilize in helping you meet your objectives. We cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of incorrect or incomplete data

**ALL THE INFORMATION YOU PROVIDE WILL BE HELD IN CONFIDENCE**

Return this questionnaire to:

Scott and Shuman, P.A.  
33292 Coastal Highway, Suite 3  
Bethany Beach, Delaware 19930  
302-537-1147  
302-537-1174 fax

**CONFIDENTIAL INFORMATION**

Date \_\_\_\_\_

**You**

**Your Spouse/Partner**

Full Name	_____	_____
Address	_____	
Home Phone	_____	
Cell Phone	_____	_____
Email	_____	_____
Employer	_____	_____
Employer Address	_____	_____
	_____	_____

**CHILDREN**

	Full Legal Name	Date of Birth	Mailing Address	Marital Status	Is your Spouse other parent (Y/N)?
1.	_____	_____	_____	_____	_____
			_____	PHONE:	_____
2.	_____	_____	_____	_____	_____
			_____	PHONE:	_____
3.	_____	_____	_____	_____	_____
			_____	PHONE:	_____
4.	_____	_____	_____	_____	_____
			_____	PHONE:	_____
5.	_____	_____	_____	_____	_____
			_____	PHONE:	_____
6.	_____	_____	_____	_____	_____
			_____	PHONE:	_____

Have you executed a Will? \_\_\_\_\_ Has your spouse? \_\_\_\_\_

Have you executed a Durable Power of Attorney? \_\_\_\_\_ Has your spouse? \_\_\_\_\_

Have you executed an Advanced Medical Directive? \_\_\_\_\_ Has your spouse? \_\_\_\_\_

Have you or your spouse/partner ever filed a gift tax return? \_\_\_\_\_

Are either of your parents living? \_\_\_\_\_

Do you have living brothers or sisters? \_\_\_\_\_

Are either of your spouse's/partner's parents living? \_\_\_\_\_

Does your spouse/partner have living brothers or sisters? \_\_\_\_\_

Are both you and your spouse/partner U.S. citizens? \_\_\_\_\_

Who would you choose to be Executor of your estate? \_\_\_\_\_ 1<sup>st</sup> choice

    Please list full names \_\_\_\_\_ 2<sup>nd</sup> choice

Who would you choose to be the Guardian of any minor children? \_\_\_\_\_ 1<sup>st</sup> choice

(if both you and your spouse are deceased) Please list full names \_\_\_\_\_ 2<sup>nd</sup> choice

Name of accountant and/or Financial Planner if you have one \_\_\_\_\_

Do you or your spouse/partner have any IRAs or pension funds? \_\_\_\_\_

If so, list below the owner of each IRA or the covered employee under each pension fund, the present value of each IRA or pension fund, and the death beneficiary of each IRA or pension fund.

**RETIREMENT (IRA or Pension Funds)**

<b>Owner/Covered Employee</b>	<b>Title</b>	<b>Beneficiary</b>	<b>Asset Value</b>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Are you or your spouse/partner covered by any life insurance? If so, as to each policy, list the insured person, the owner, the beneficiary, the amount of coverage, and whether whole life or term insurance.

**LIFE INSURANCE**

<b>Description (policy# &amp; Type)</b>	<b>Insured</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Amount of Coverage</b>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

## ASSET INFORMATION

<u>Description</u>	<u>Your Name</u>	<u>Spouse/Partner Name</u>	<u>Joint Names</u>
Cash:			
Bank Accounts	\$ _____	\$ _____	\$ _____
Money Market Accts	\$ _____	\$ _____	\$ _____
<hr/>			
Certificates of Deposit	\$ _____	\$ _____	\$ _____
<hr/>			
Marketable Securities			
Stocks	\$ _____	\$ _____	\$ _____
Bonds	\$ _____	\$ _____	\$ _____
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Non-Marketable Securities (include interests in closely-held businesses)	\$ _____	\$ _____	\$ _____
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Other (notes receivable, mortgage receivable, etc.)	\$ _____	\$ _____	\$ _____
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Principal Residence	\$ _____	\$ _____	\$ _____
<hr/>			
Secondary Residence	\$ _____	\$ _____	\$ _____
<hr/>			
Other Real Property	\$ _____	\$ _____	\$ _____
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Personal Property			
Cars	\$ _____	\$ _____	\$ _____
Boats	\$ _____	\$ _____	\$ _____
Antiques/Collectibles	\$ _____	\$ _____	\$ _____
Household Furnishings	\$ _____	\$ _____	\$ _____
<hr/>			
Other	\$ _____	\$ _____	\$ _____
<hr/>			
<b>TOTAL ASSETS</b>	\$ _____	\$ _____	\$ _____
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**LIABILITIES**

(List any significant liabilities -mortgages, vehicle or other loans, etc.)

<u>Description</u>	<u>Your Name</u>	<u>Spouse/Partner Name</u>	<u>Joint Names</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
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<b>TOTAL LIABILITIES</b>	\$ _____	\$ _____	\$ _____

Do you or your spouse/partner own a business? \_\_\_\_\_

If so, name of business \_\_\_\_\_

Type of Entity \_\_\_\_\_

State of Formation \_\_\_\_\_

Percentage of ownership \_\_\_\_\_

Value of business \_\_\_\_\_

Are you an Organ Donor? \_\_\_\_\_ Is your spouse/Partner? \_\_\_\_\_

Please list any additional information that you think may be pertinent to your estate planning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_